



## BODY IMAGE, SELF-COMPASSION AND PSYCHOLOGICAL DISTRESS IN PATIENTS WITH MASTECTOMY

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### ABSTRACT

#### OBJECTIVE

To determine the relationship between body image, self-compassion and psychological distress in patients with mastectomy and to determine body image and self-compassion as a predictor of psychological distress.

#### STUDY DESIGN

Co relational research design.

#### PLACE AND DURATION OF THE STUDY

The study was conducted in Oncology departments of government and private hospitals of Lahore in year 2013-2014.

#### SUBJECTS AND METHODS

The sample size for this study were 74 women, recruited from three government and one private hospitals of Lahore who have undergone mastectomy. Demographic questionnaire, translated version of Body Image Scale, Self-compassion Scale and Kessler Distress Scale were administered as measuring instruments.

#### RESULTS

Pearson product moment correlation indicated that there is significant relationship between body image, self-compassion, and psychological distress of patients undergone mastectomy. Stepwise regression analysis showed that body image is the significant predictor of psychological distress.

#### CONCLUSION

A significant relationship was identified in body image, self-compassion and psychological distress. Moreover, body image concerns would predict low psychological distress and vice versa, whereas increase self-compassion would predict low psychological distress and vice versa.

#### KEY WORDS

Mastectomy, Body image, Self-compassion, Psychological distress.

### INTRODUCTION

Mastectomy is operation to remove all tissue from a breast for treatment or prevention of breast cancer. It not only includes removal of one or both breasts but also involves removing lymph nodes in the area of the arm to stop spreading cancer<sup>1</sup>. There are several physical, psychological and emotional impacts of mastectomy in patients. Mastectomy adversely affects the self-esteem, body image and lead to more anxiety and depression in patients.<sup>2</sup>

The dynamic perception of one's body shape and functions as well as sensations coupled with this perception is called as body image. This phenomenon is regulated by conditions of the body and takes place at unconscious level.<sup>3</sup>

Self-compassion is the ability to being open to and moved by one's own suffering, to experience feelings of care and benevolence toward oneself, take an understanding, to adopt non-judgmental attitude toward one's failures and inadequacies, and to recognize that one's own experience is part of the common human experience<sup>4</sup>.

Psychological distress is usually referred to a situation in which emotional misery and affliction is designated by depressive symptoms like grief, lack of interest, despair and symptoms of anxiety like fidgety and feeling tensed. Psychological distress is defined as the experience of disturbance in meaning, understanding and functioning resulting in loss, harm and challenge for a person<sup>5</sup>.

The patients who have a positive body image are more likely to have high self-compassion as they accept their bodies despite of perceived appearance flaws<sup>6</sup>. Self-compassionate people tend to avoid self-blaming and self-criticism in the face of any negative beliefs about their appearances. Thus, they are less prone to experience psychological distress, predominantly anxiety and depression<sup>7</sup>.

Przedziecki identified that body image concerns were positively related with psychological distress and pressure from others while negatively related with self-compassion and comfort with one's weight<sup>8</sup>. The results of the study performed by Wasylkiw, MacKinnon and MacLellan indicated that negative relationship was present in body image concerns and self-compassion, thus increase in self-compassion is accounted for less body image concerns and less concern about weight<sup>9</sup>.

This study explained the role of self-compassion in resisting the concerns about body and psychological distress as breast cancer is found to be widely spreading throughout the Pakistan. The primary treatment procedure for the breast cancer is considered as mastectomy which can cause low body image, anxiety and distress. A woman who is compassionate can overcome the resulting distress due to mastectomy so there is need to create awareness regarding psychological problems that women ultimately face due to mastectomy and the present study would contribute to the existing knowledge and would help to create awareness among women about the psychological aspect of mastectomy. The present study hypothesized that

- There is likely to be a relationship in body image, self-compassion and psychological distress in patients with mastectomy
- Body image concerns and self-compassion is likely to predict psychological distress in patients with mastectomy.

## SUBJECTS AND METHODS

### Participants

The present study consisted of 74 women patients with mastectomy within the age range of 25-50 years ( $M=37$ ,  $SD=7.25$ ) through non probability purposive sampling technique from the Oncology wards of four hospitals such as Mayo Hospital ( $n=16$ ), Jinnah Hospital ( $n=17$ ), INMOL hospital ( $n=39$ ) and Fatima Memorial Hospital ( $n=2$ ). Only those patients were included who had undergone partial, complete, nipple sparing, skin-sparing and radical mastectomy at least 1 month before and also those who had undergone breast reconstruction after surgery. Those patients whom breasts have been removed due to any accident or injury or had psychological problems prior to breast cancer and mastectomy were excluded.

### Instruments

#### Body Image Scale (BIS)<sup>10</sup>

Body Image Scale was developed by Hopwood et al. (2001)<sup>10</sup>. Body Image Scale was administered after translating it in Urdu language by the researcher according to standardized criteria. It is comprised of affective items, behavioral items, and cognitive items. This is a 10 item questionnaire having four scoring categories ranging from "Not at all" (least) to "Very much" (most). The scores could range from 0-30. 0 score represent no distress or concern about body image and higher score represent higher distress. This questionnaire takes average 10 minutes to complete. The reliability of scale is very high Cronbach  $\alpha=0.93$ . The reliability of this scale for the current study is Cronbach  $\alpha=0.76$ .

#### Self-compassion Scale<sup>11</sup>

The self-compassion scale was developed by Neff (2003)<sup>11</sup>. The Urdu version of self-compassion scale translated according to standardized procedure was used to measure self-compassion. This instrument consisted of 6 sub scales i-e Self-judgment, Self-kindness, Common humanity, Isolation, Mindfulness and Over identification. It is consisted of total 26 items with 5 response category (1 = almost never, to 5 = almost always). The score could range from 6-30. Higher score indicated the greater tendency to be compassionate towards

oneself. The instrument takes average 15 minutes to complete. The psychometric properties of the instrument are well defined with an internal consistency of 0.92 and test-retest reliability of 0.93. The alpha reliability of this scale for the current study is 0.82.

#### Kessler Distress Scale<sup>12</sup>

The Kessler Distress Scale was developed by Kessler (2002)<sup>12</sup>. The Urdu version of The Kessler Distress Scale<sup>13</sup> translated by Khawar & Yousaf (2013) according to MAPI guidelines was used to assess the symptoms of distress in patients such as anxiety and depression. It is a 10- item questionnaire. It was based on Likert-type scale ranging from 1 (none of the time) to 5 (all of the time). The scores on this scale range from 10-50. The score above 30 indicated high level of distress. It takes average 5 minutes to complete the instrument. The psychometric properties of the instrument are well defined. Cronbach  $\alpha$  of the questionnaire is 0.93 and its reliability is ranging from 0.42 to 0.74. The reliability of the scale for the current study is Cronbach  $\alpha=0.77$ .

### Procedure

The instruments were used in study after taking permission from Original authors and authors who translated it. The patients were approached at Oncology wards, after taking written permission from the authorities of Mayo Hospital, Jinnah Hospital, INMOL Hospital and Fatima Memorial Hospital for data collection. Written informed consent was taken. After pilot study ( $N=6$ ), changes were made in questionnaires and main study was carried out. For the main study, out of 95 patients who were approached, 87 patients responded while 13 questionnaires were discarded which were left incomplete by patients due to pain and irritability. The response rate was 78%. Each administration took 35 minutes on average. All ethical considerations were followed including assurance of confidentiality of data and anonymity of the patients. Psycho education was also provided to the patients who felt discomfort or distress during the administration of instruments. Analysis were run on the date on SPSS version 21.

## RESULTS

The descriptive statistics showed that mean age of the participants was  $M=37$ ,  $SD=7.25$ . Majority of the patients were illiterate or educated till primary, belonged to nuclear family system with income of  $M=Rs.38324/-$ ,  $SD=21054$  and has 3 children. The time spent during diagnosis and treatment was  $M=4$  months,  $SD=0.97$ .

Pearson product moment correlation was applied to explore the relationship in body image, self-compassion, and psychological distress in patients with mastectomy. The regression analysis was conducted to examine the predictive relationship of body image and self-compassion with psychological distress. The results as described in table 1 showed that there was a significant inverse relationship in body image and self-compassion which indicated that more the concerns a patient had about her body image, the less compassionate the person would be. The self-compassion had significant inverse relationship with psychological distress which indicated that more self-compassionate patient would have less likely she was to experience psychological distress. There was a significant positive relationship in body image and psychological

distress which indicated that increased concerns about body image in patient resulted in increased psychological distress.

**Table 1**  
Pearson product moment correlation in body image, self-compassion and psychological distress

Measures	1	2	3	4	5	6	7	8	9
1.BI	-	-.621**	-.519**	-.483**	-.422**	-.428**	-.468**	-.572**	
2.SC		-	.731**	.815**	.695**	.661**	.827**	.721**	-
3.SK			-	.475**	.450**	.164	.609**	.517**	-.341**
4.SJ				-	.338**	.534**	.589**	.676**	-.240*
5.CH					-	.387**	.477**	.431**	.238*
6.Iso						-	.382**	.442**	-.355**
7.Mind							-	.592**	-.297*
8.OI								-	-.365**
9.PD									-
M	27.74	55.69	13.30	10.24	11.79	9.40	10.78	7.18	29.15
SD	6.409	10.71	2.98	3.31	2.25	2.86	2.93	2.82	8.79

Note.N=74, BI= body image, SC= self-compassion, SK= self-kindness, SJ= self-judgement, CH= common humanity, Iso= isolation; Mind= Mindfulness; OI= over-identification, PD= psychological distress, \*\*= $p < .01$ , \*= $p < .05$ , M= mean, SD= standard deviation

The second hypothesis was that the body image concerns and self-compassion will likely to predict psychological distress in patient with mastectomy. Using the stepwise method of regression analysis, one significant model emerged as shown in table 2. This model accounted for 35% variance in predicting psychological distress. It indicated that more concerns about body image would create more psychological distress in patients with mastectomy.

**Table 2**  
Predictors of Psychological Distress

Psychological distress			
Model 1			
	B		95% CI
Constant	5.83		(-1.49, 13.15)
Body Image	.84***		(.58, 1.10)
Self-compassion			
R <sup>2</sup>		.35	
F		42.32***	
ΔR <sup>2</sup>		.36	
ΔF		42.32	

Note.N= 74, CI= confidence interval, \*\* $p < .05$ , \*\*\* $p < .001$ .

## DISCUSSION

Body image, self-compassion and psychological distress were significantly related to each other. The more the patient experience concerns about body image, the less compassionate the patient

would be and thus would experience more psychological distress. Similar results were found by another research that indicated the patients who had more concerns about body image were less compassionate about one self and increased body image disturbance was positively correlated with psychological distress in patients who had undergone mastectomy<sup>8</sup>. Likewise results of the another study suggested that about one out of five breast cancer patients reported high levels of distress after two months of mastectomy<sup>14</sup>.

The present study identified body image as the predictor of psychological distress. This is correlated with the study which depicted that factors predictive of psychological distress were poor body image, low education and poor relationship with spouses before mastectomy<sup>15</sup>. In Pakistani society, it is observed that the patients who suffer from breast cancer not only experience criticism regarding body shape but sometimes are isolated by the family members as having victim of a contagious illness. Mostly patients also cannot afford expensive treatment of breast reconstruction to regain their sense of beauty due to their low socioeconomic status. All these reason might be the reasons of psychological distress in patients.

## CONCLUSION

Body image had significant relationship with self-compassion and psychological distress in patients who had undergone mastectomy. Body image concerns resulted in distress and feelings of worthlessness and lower self-compassion. Moreover it was concluded that patients who had high level of self-compassion experienced less psychological symptoms and had less concerns about body image.

## LIMITATIONS AND SUGGESTIONS

The authorities of some hospitals did not allow data collection so data was limited to only few hospitals so there was a lack of diversity of socio-economic status and education level. Awareness and guidance can be provided regarding psychological problems faced by women due to disfigurement and to foster the level of hope and acceptance in them.


## IMPLICATIONS

The results of the current study will be helpful in educating the husbands related to the distress experienced by women with mastectomy. Likewise mental health professionals can make different plans to help women psychologically as well as how they can be able to cope with their distress

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